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CONFIRMATION NO. 5559

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/600,044 | FILING OR 371(c) DATE 06/20/2003 RULE | CLASS 600 | GROUP ART UNIT 3737 | ATTORNEY DOCKET NO. 026436-9045-00 | |
| APPLICANTS Chris H. Wood, North Bend, WA; Tanya L. Niemeyer, Seattle, WA; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/11/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY WA | SHEETS DRAWING 9 | TOTAL CLAIMS 49 | INDEPENDENT CLAIMS 5 |
| ADDRESS 23409 | | | | | |
| TITLE SYSTEM AND METHOD FOR ADAPTIVE MEDICAL IMAGE REGISTRATION | | | | | |
| FILING FEE RECEIVED 1045 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |